



Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

Edward A. Flynn  
Secretary

Joseph S. Lalli  
Commissioner

# *The Commonwealth of Massachusetts*

## *Department of Public Safety*

*State Boxing Commission*  
*One Ashburton Place, Room 1301*  
*Boston, Massachusetts 02108-1618*  
*Phone (617) 727-3200 Ext. 25257*  
*Fax (617) 727-5732*

Nicholas P. Manzello  
Chairman

Bernard J. Doherty  
Commissioner

Leo R. Gerstel  
Commissioner

### **IMPORTANT INSTRUCTIONS FOR COMPLETING LICENSE APPLICATIONS**

Thank you for requesting application (s) for the position (s) checked below. Next to each position is its license fee.

#### **LICENSE FEES**

<input type="checkbox"/>	BOXER	\$ 20.00
<input type="checkbox"/>	JUDGE	\$ 50.00
<input type="checkbox"/>	KICKBOXER	\$ 20.00
<input checked="" type="checkbox"/>	KICK COUNTER	\$ 30.00
<input type="checkbox"/>	MANAGER	\$ 30.00
<input type="checkbox"/>	MATCHMAKER	\$ 50.00
<input type="checkbox"/>	PHYSICIAN	\$ 50.00
<input type="checkbox"/>	PROMOTER	\$ 150.00
<input type="checkbox"/>	REFEREE	\$ 50.00
<input type="checkbox"/>	SECOND	\$ 30.00
<input type="checkbox"/>	TIMEKEEPER	\$ 30.00
<input type="checkbox"/>	TRAINER	\$ 30.00

Please make the check payable to the "COMMONWEALTH OF MASSACHUSETTS" for the fee, and mail it to:

**MA State Boxing Commission**  
**One Ashburton Place, Room 1301**  
**Boston, MA 02108-1618**

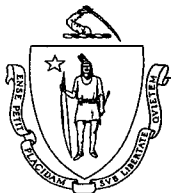
- PLEASE FILL OUT THE APPLICATION COMPLETELY. IF THE APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU.**
- PRINT CLEARLY AND LEGIBLE WITH A BALL POINT PEN. NO PENCILS.**

#### **THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:**

- ☒ Two color photographs for each license of the applicant, **1 inch square in size.**
- ☒ Copy of birth certificate.
- ☒ 2 Photo Identification with Signature.
- ☐ Statement of Net Worth.
- ☐ Copy of EKG Exam from a licensed physician no more than ten (10) days old at time of application / or renewal.
- ☐ Copy of Ophthalmological exam from a licensed physician no more than ten (10) days old at time of application / or renewal.
- ☐ Copy of **Negative** HIV test results from a licensed physician no more than ten (10) days old at time of application / or renewal.

**NOTE: IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE, WE WILL RETURN IT TO YOU ALONG WITH YOUR CHECK. WE WILL NEED ANOTHER APPLICATION FOR YOU TO PROPERLY COMPLETE IN ORDER FOR YOU TO APPLY OR RENEW YOUR LICENSE. IF YOU FAIL TO SEND IN THE TWO COLOR PHOTOGRAPHS YOU WILL NOT RECEIVE YOUR LICENSE. I UNDERSTAND AND AGREE TO THE ABOVE INFORMATION.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**



*The Commonwealth of Massachusetts*  
*Department of Public Safety*  
*State Boxing Commission*

FOR ADMINISTRATIVE USE ONLY!  
DO NOT WRITE IN THIS AREA!

This license was granted:

Date: \_\_\_\_\_

Expires: \_\_\_\_\_

License No: \_\_\_\_\_

FEE: \$30.00

**APPLICATION FOR LICENSE AS A KICK COUNTER**

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 147, GENERAL LAWS, AND RULES AND REGULATIONS OF THE  
MASSACHUSETTS STATE BOXING COMMISSION

DATE \_\_\_\_\_, 20\_\_\_\_

*I hereby make application for a license to act as a professional Kick Counter at kickboxing sparring matches or exhibitions.*

(Please Print With Ball Point Pen)

Name		Assumed or "Ring" Name	
Address		Telephone No. (      )	
City	State	Zip	Country

DATE OF BIRTH: Mon. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_ PLACE BORN: City \_\_\_\_ State \_\_\_\_ Country \_\_\_\_

HEIGHT: \_\_\_\_ ft. \_\_\_\_ in. WEIGHT: \_\_\_\_ lbs. COLOR EYES \_\_\_\_ HAIR \_\_\_\_

COMPLEXION \_\_\_\_ DISTINGUISHING MARKS \_\_\_\_

OCCUPATION \_\_\_\_ EMPLOYER \_\_\_\_

EMPLOYER ADDRESS \_\_\_\_ TELEPHONE NO. (      )

CITY \_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_ COUNTRY \_\_\_\_

Have you ever held a license as Kick Counter in Massachusetts? YES NO

Have you ever been a licensed Kick Counter in other States? YES NO  
Which? \_\_\_\_\_

Have you ever been convicted of a felony in the past ten (10) years? YES NO If YES, please provide details:  
Date Offense Court Disposition

Have you ever been convicted of a misdemeanor in the past five (5) years? YES NO If YES, please provide details:  
Date Offense Court Disposition

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

\*Signature of Applicant \_\_\_\_\_

Pursuant to M.G.L. Chapter 62C, Section 49A. I certify under the penalties that I, to my best knowledge and behalf, have filed all state returns and paid all state taxes required under law.

\_\_\_\_\_  
\*\*Social Security #

\_\_\_\_\_  
\*Signature of Individual or Corporate Name

\_\_\_\_\_  
Federal Identification Number

By: \_\_\_\_\_  
Corporate Officer  
(If Applicable)

- \* This license will not be issued unless this certification clause is signed by the applicant
- \*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c.620 section 49A.

Form BX27A (rev. 10-5-00)